

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21569

FILED
Mar 17, 2009
Secretary of State

Entity Name: THE RIVER CITY DIRT RIDERS, INC.

Current Principal Place of Business:

5906 MARTY CT.
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

5906 MARTY CT.
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 63-0935103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, JAMES
228 PONTE VERDA PARK DRIVE
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: LD () Delete
Name: BEEBE, MARK
Address: 9495 COW PEN RD.
City-St-Zip: SANDERSON, FL 32087

Title: VP () Delete
Name: MOSLEY, TIM
Address: 4506 TUMBLEWEED ROAD
City-St-Zip: MIDDLEBURG, FL 32068

Title: SEC () Delete
Name: MCPHAIL, MATTHEW
Address: 11442 SQUIRE WAY LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: T () Delete
Name: BEASLEY, STEVEN
Address: 2278 DESTINE LANE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: PD () Delete
Name: MUZIC, EDMUND
Address: 5906 MARTY COURT
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: LD (X) Change () Addition
Name: ROUSH, TIM
Address: 3809 FEATHER OAKS DR. E.
City-St-Zip: JACKSONVILLE, FL 32227

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BEEBE, MISTY
Address: 9495 COWPEN RD
City-St-Zip: SANDERSON, FL 32087

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MISTY M. BEEBE

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03/17/2009

Electronic Signature of Signing Officer or Director

Date